



1. Department	
Division	Unit or Program

2. Action Requested <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete		3. Record Control Number (For a change or delete)	
4. Records Series Title			
4. Complete description of what this record contains. If requesting a change or deletion, please indicate the reason below.			
5. Medium <input type="checkbox"/> Paper <input type="checkbox"/> Microforms <input type="checkbox"/> Electronic <input type="checkbox"/> Other-Specify:		6. Inclusive Dates of Record Series FROM TO	
		7. Is Record Series Confidential/Exempt By Law? <input type="checkbox"/> No <input type="checkbox"/> Yes - Cite Statute:	
8. Is the record series the original? Is information duplicated or summarized elsewhere?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain:	
9. Is the record vital to the ongoing operation of the office in the event of a disaster or accident? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain:			

10. Size <input type="checkbox"/> Letter <input type="checkbox"/> Legal <input type="checkbox"/> Other - Specify:	11. Filing System <input type="checkbox"/> Alphabetic <input type="checkbox"/> Chronological <input type="checkbox"/> Other - Specify: <input type="checkbox"/> Geographic <input type="checkbox"/> Terminal Digit <input type="checkbox"/> Numeric <input type="checkbox"/> Subject	12. <input type="checkbox"/> 16mm <input type="checkbox"/> 35 mm <input type="checkbox"/> Microfiche
--	--	--

<p>13. Where Is Information Used?</p> <p><input type="checkbox"/> Within Division</p> <p><input type="checkbox"/> Within Agency</p> <p><input type="checkbox"/> In Other State Agencies</p> <p><input type="checkbox"/> By the Public</p>	<p>16. Media Location</p> <p><input type="checkbox"/> Office</p> <p><input type="checkbox"/> Warehouse</p> <p><input type="checkbox"/> Computing Center</p>	<p>19. Hardware Environment</p>
<p>14. File Type</p> <p><input type="checkbox"/> Computer <input type="checkbox"/> Audio <input type="checkbox"/> Video</p> <p><input type="checkbox"/> Text <input type="checkbox"/> Music</p> <p><input type="checkbox"/> Data <input type="checkbox"/> Voice</p> <p><input type="checkbox"/> Image</p>	<p>17. Estimated Annual Growth</p>	
<p>15. Media Type</p> <p><input type="checkbox"/> Magnetic <input type="checkbox"/> Optical</p> <p><input type="checkbox"/> Other - Specify:</p>	<p>18. Is Information Backed up?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes - How?</p> <p>When is Information Backed up?</p>	<p>20. Software Environment</p>
<p>15. Media Type</p> <p><input type="checkbox"/> Magnetic <input type="checkbox"/> Optical</p> <p><input type="checkbox"/> Other - Specify:</p>	<p>How Many Generations?</p>	

21. Is Data Periodically Purged from System? <input type="checkbox"/> No <input type="checkbox"/> Yes		22. How is it Purged? <input type="checkbox"/> Batch <input type="checkbox"/> Manual <input type="checkbox"/> Other - Specify:													
23. Description of Data Elements Purged and When?		24. RETENTION <table border="1" style="width: 100%;"> <tr> <td>On-Line</td> <td></td> <td>Off-Site</td> <td></td> </tr> <tr> <td>Near-Line</td> <td></td> <td>Other</td> <td></td> </tr> <tr> <td>Off-Line</td> <td></td> <td>Total</td> <td></td> </tr> </table>		On-Line		Off-Site		Near-Line		Other		Off-Line		Total	
On-Line		Off-Site													
Near-Line		Other													
Off-Line		Total													

25. Prepared By	Telephone Number	Date
-----------------	------------------	------

26. ADMINISTRATIVE VALUE (Agency) (How long is the record series actually used by the agency?)	AUDIT VALUE (Auditor) <input type="checkbox"/> NO <input type="checkbox"/> YES-Retain 3 Years After Current Fiscal Year	TOTAL RETENTION (For Records Mgmt. Use Only)
	LEGAL VALUE (Attorney General) <input type="checkbox"/> NO <input type="checkbox"/> YES-Retain _____ Years Cite Statute _____	
	HISTORICAL VALUE (State Archivist) <input type="checkbox"/> NO <input type="checkbox"/> YES	